

# Active Teens Enrolment - Term 1, 2025

**Program Fee:** \$126 (5 weeks, 2 sessions per week)  
**Times:** 4:00pm to 5:00pm  
**Program dates:** Monday's - 17 February, 24 February, 3 March, 10 March, 17 March  
 Wednesday's - 19 February, 26 February, 5 March, 12 March, 19 March

**Participants Details:**

Surname:	Given Name:	
Date of Birth:	Age:	Gender:
Address:	Postcode:	

**Parent/Guardian Details:**

Full Name:	Mobile Number:
Email:	
Secondary Contact Name:	Mobile Number:

Please note: your child's place in this program is not guaranteed until you receive a confirmation from LLC.

**Brief Health History:**

Does your child suffer from any of the following conditions? (please tick all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Lung Condition	<input type="checkbox"/> Autism	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Blood Disorder
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> ADHD	<input type="checkbox"/> Other:	

**Have you completed the Pre-Exercise Screening System (PSS) Parent Tool\***  No  Yes

\*The Pre-exercise Screening Parent Tool must be completed before enrolment can be considered

Are there any court orders relating to the guardianship, custody or access to the child enrolled?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide paperwork)
Do you consent to your child being photographed for promotional purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Where did you hear about the Active Teens Program? (tick all that apply)	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Social Media <input type="checkbox"/> When visiting LLC <input type="checkbox"/> Other:

**Payment:** Please debit the term fees from:

Card type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Number:	Expiry date:	
Name on Card:		

**Declaration:**

I have read and agree to all policies, procedures, terms and conditions outlined on the other side of this form.

Parent/Guardian Signature:

Date:

## Leschenault Leisure Centre Classes Policies and Procedures

### GENERAL

- Please ensure your child arrives on time and waits in the players' lounge for the personal trainer to collect them in order that they can provide maximum teaching time for all students. Trainers are not responsible for finding children for their session.
- It is a requirement that a pre exercise screening questionnaire is completed for your child and signed by a parent/guardian.
- Please advise the Health & Fitness Coordinator and/or Trainer of any medical conditions, which may affect the student or other students during sessions. We reserve the right to request a doctor's certificate prior to commencing sessions advising us that the child is fit to participate should the Health & Fitness Coordinator determine there is a need to do that.
- No lessons will be conducted on public holidays. Term fees will be adjusted accordingly
- We will not be responsible for any injury that occurs to a child prior to commencement of the class.
- For the safety of all children please inform the instructor if someone other than yourself will be collecting your child from his/her session.
- It is a requirement of entry to the gym to wear closed in shoes and to use a towel on equipment.

### FEES

- Fees cannot be transferred to other families.
- Fees can be transferred to subsequent terms subject to a doctor's certificate being provided.
- Fees can now be paid over the phone by credit card.

### MISSED SESSIONS AND CANCELLATIONS

- Make-up sessions are not run at this Centre.
- Please ring the Centre and advise us if you will not be attending your class
- NO CREDITS OR REFUNDS WILL BE GIVEN IN LIEU OF OR FOR MISSED SESSIONS OR CANCELLATIONS.

#### Leschenault Leisure Centre Disclaimer

The Shire of Harvey will not be responsible for any injury suffered by either participant or non-participant members of the group while using facilities: whether the injury be self-inflicted, caused by another member of the group, or caused by another person not associated with the group.

The Shire of Harvey will not be liable in any way for any loss of, or damage to the property of members of the group, whether members or non-members of the group cause the loss or damage.

The above does not apply to the extent that any injury, loss or damage is caused or contributed to by the wilful negligent or other unlawful act of omission of the Shire of Harvey or any of its employees, officers, agents or contractors.

#### OFFICE USE ONLY: Health and Fitness Coordinator

Notes:			
Taken By:	Receipt Number:	Family Number:	
Fees:	Less any discount:	= Amount Paid:	
Details checked?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial:	Date: